The Triosorb Sponge is an in vitro test providing accuracy, speed and convenience.

**Accuracy:** Because factors such as red blood cells and exogenous iodine have been eliminated from consideration in the Triosorb Test, it is unsurpassed in accuracy.

**Speed:** With only 3 washes and no need for double pipettings, shakers, or incubators, the Triosorb Test can be more rapidly performed than any other T-3 test.

**Convenience:** Available in a disposable kit ready for immediate use at room temperature. There is no dilution or pipetting of radioactive materials with Triosorb. It is the simplest and most convenient thyroid function test to perform.

“The resin sponge (Triosorb) technique is superior to the erythrocyte method for performing the I\(^{131}\) T3 test in terms of simplicity, convenience and elimination of errors characteristic of the erythrocyte procedure.”

“The T-3 uptake test was vastly improved by a resin-sponge . . . (Triosorb) . . . which is offered as a replacement for the red cells as well as for the loose granular resin which varies from day to day.”

Triosorb is available to all doctors, hospitals and clinical laboratories—AEC licensing is not required.

Iron deficiency anemia testing—
As easy as throwing in the sponge!

Irosorb-59 is the second in a series of in vitro radio-pharmaceutical tests developed by Abbott Laboratories. The Irosorb-59 Sponge offers a remarkable degree of accuracy and simplicity that makes routine screening a practical matter.

Accuracy: The diagnostic accuracy of the test is unsurpassed in measuring latent iron-binding capacity. What's more, unlike other methods, it can be used following the administration of a hematinic.

Speed: Irosorb-59 can be washed quickly, there being only 3 washes. No incubators or shakers are needed.

Convenience: Irosorb-59 is in a disposable kit form ready for immediate use at room temperature.

Safety: No dilution or pipetting of radioactive material is necessary. Since the patient receives no radioactive materials, the test can be used in children, pregnant women, or in adults without any hazard of radioactivity.

Flexibility: The test does not require the presence of the patient for the determination of the radioactivity. Serums can be frozen and saved until a sufficient number has been collected to run a rack full of tubes at one time, or serum samples can be mailed to personnel performing the test.

Irosorb-59 is available to all doctors, hospitals and clinical laboratories—AEC licensing is not required.

This new, precision Thermoluminescence Analyzer comprised of the Model 2000A Thermoluminescence Detector (left) and the Model 2000B Automatic Integrating Picometer (right) offers these operational features and advantages:

- Thermocouple feedback control of heater planchet temperature provides linear heating rates for glow curve analysis.
- Thermoelectrically cooled and temperature stabilized photomultiplier tube for constant low dark current.
- Automatic ranging assures accurate exposure readings from $10^{-2}$ to $10^5$ roentgens with no prior knowledge of sample exposure.
- Simultaneous analogue and digital readouts. Log or linear glow curves and Nixie display of the area under the glow curve with a single reading.
- For solid or powder dosimeters. Vibrated powder dispenser.
- 75% integrated circuits. Electrometer input amplifier with $10^{-13}$ ampere input sensitivity.

Call or write for complete specifications and details.

Visit Harshaw Booth: Scintillation and Semiconductor Counter Symposium, Feb. 28-Mar. 1, Shoreham Hotel, Washington, D.C.
Are you ordering radioisotopes piecemeal?

Are you ordering separately after each referral and then rescheduling the patient? Most drugs are on hand when the patient needs them. Why not radiopharmaceuticals?

If a hospitalized patient needs blood, he can have it within minutes. If an ill patient needs penicillin, it can be prescribed immediately. But if the patient needs a radio-diagnostic test, he may have to wait several days for the material to arrive.

There was a time when such waiting was necessary, but no longer. Many of the available radiopharmaceuticals have now reached the stage when they can be integrated into the mainstream of medical and hospital practice and can be “at hand” when needed. In particular, the unique 5-day precalibration of Squibb radioisotopes makes the need for ordering separately after each referral a thing of the past. Most laboratories can pretty well estimate what their approximate weekly need will be, so that everything can be ordered in one shipment to arrive on any given day. Thus, when a patient is referred, the diagnostic agent is already on hand and the test can be run immediately. Moreover, there is only one shipping charge. And if the material arrives for use during the latter part of the working week, Squibb will bear the cost of radioactive decay over weekends.

If you want to know more about this unique service feature, please contact your Squibb professional representative. He can arrange for a weekly “blanket order” that is shipped to you automatically for arrival on any day you specify.

It is also important that you know of the unique Squibb “prefill” program that anticipates and programs radiopharmaceutical parenteral production so that sterility and pyrogen test data are “in house” before the material is released. Thus, Squibb good manufacturing practices assure—even with radiopharmaceuticals—the same high standards you would expect in any regular parenteral preparation.

These are only a few of the many important features and services available to you when you use Squibb radioisotopes. Your Squibb representative will be happy to give you more details.
“It’s about time someone came up with a complete T-3 test system from a single source.”
TBI DIAGNOSTIC SYSTEMS by Mallinckrodt/Nuclear

Now for the first time you can enjoy the reproducibility, ease and convenience of a T-3 test complete in every detail, from test kit to final report form...all from a single source.

It's Mallinckrodt/Nuclear's TBI Diagnostic System—the easiest, most reliable in vitro thyroid function test...now easier than ever.

With M/N's new TBI digital Computer, designed exclusively for this test, the entire test procedure takes even less technician time than before...less than half any other. Simply insert control serum and press a button. Remove the control serum, insert patient serum and press a second button. The Computer gives the Thyro Binding Index in a direct digital readout. No calculations. No needle parallax. No guesswork.

TBI Complete Diagnostic Systems also give you these benefits:

- Direct measurement of binding site uptake.
- Exclusive TBI buffer assures exceptional reproducibility and stability with unmatched accuracy for hypo-, eu-, or hyperthyroid evaluation.*
- No need for temperature corrections or critical timing.
- Each serum is counted just once, for a minimum of serum handling.
- "Matched control" included.
- Comes complete with TBI report forms for laboratory and physician records.

Mallinckrodt/Nuclear TBI Diagnostic Systems were designed from long experience with clinical laboratories to provide the performance pathologists have been looking for—the T-3 test system of choice. Leasing can also be arranged to eliminate the necessity for equipment investment. Write for full details on TBI Diagnostic Systems.

*In tests performed on over 2200 patients, the TBI test was reported in agreement with final clinical diagnosis in over 90% of the cases. Ref.: Scholer, J.F., J. of Nuclear Med., May '63, p. 192.

Write for these booklets.

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St. Louis, Mo., 63145
Dear Sirs:
Pleased to send me complete information on the new TBI Diagnostic Systems.

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For a long time the use of nuclear pharmaceuticals based on radioisotopes of short half-life - such as technetium-99m - was restricted by geographical supply problems. But with the advent of isotope cows, in particular the revolutionary Stercow 99m, the position has changed. Stercow 99m - any quantity - is despatched in disposable packages during the weekend to wherever in the world you need it. Activity is pre-calibrated for the first day of use, usually Monday at 18.00 hrs. M.E.T. and with elution efficiency of approximately 80% of the technetium in the generator guaranteed. Ordering is a simple matter of contacting the nearest Duphar representative. With Stercow 99m you need never be without versatile technetium-99m. Further details will gladly be sent on request. Samples are available free of charge.

Stercow 99m is manufactured by Duphar to the very high quality standards necessary for nuclear pharmaceuticals. A new design of sterile generator, it is available in three types with 150, 300 or 450 mc of the parent radioisotope Mo 99. Complete elution with 15, 20 or 30 ml. When milked in the approved manner the resultant technetium-99m is sterile, non-pyrogenic and hence ready for immediate use - either orally or intravenously. The Duphar Shielded Stercow Milking System gives additional safety and efficiency in the elution operations.

Nuclear Pharmaceuticals

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We guarantee source outputs (calibration traceable to the National Bureau of Standards), doubly encapsulated in stainless steel, heliarc-welded capsules. In addition we make a normal check-out of your teletherapy equipment.

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The demonstrable advantages of a dual 5-inch crystal scanner should be investigated by all those with a high clinical load who desire high resolution, rapid scans of both large and small organs or of the whole body.

The two scanning heads, exactly opposite each other, have separate, and complete electronics and print-out so that the data collected by each crystal may be used separately, in coincidence, or additively.

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- Unequivocal one year warranty anywhere in USA or Canada.

This unparalleled radioisotope scanner is priced at $28,750 with delivery in 90 days guaranteed.
Sterile, pyrogen-free Ba-137 can be milked from a new "cow," CEBA 544, by SAINT-GOBAIN TECHNIQUES NOUVELLES. This 2.6 min. half-life daughter of Cs-137 is ideal for clinical tests requiring short periods of radioactivity, such as blood circulation and cardiac output studies.

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One 2cc elution provides 30mc. of Ba-137 from the normal column loading of 50mc. of Cs-137, and milkings can be made every 10 minutes. The universal shield and pump accommodate other mother-daughter pairs such as Mo$^{99}$ - Te$^{99m}$, and Te$^{132}$ - I$^{132}$.

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ANNOUNCEMENT TO AUTHORS

PRELIMINARY NOTES

Space will be reserved in each issue of THE JOURNAL OF NUCLEAR MEDICINE for the publication of one preliminary note concerning new original work that is an important contribution in Nuclear Medicine.

Selection of the preliminary note shall be on a competitive basis for each issue. One will be selected after careful screening and review by the Editors. Those not selected will be returned immediately to the authors without criticism. Authors may resubmit a rejected or revised preliminary note for consideration for publication in a later issue. The subject material of all rejected manuscripts will be considered confidential.

The text of the manuscript should not exceed 1,200 words. Either two illustrations, two tables or one illustration and one table will be permitted. An additional 400 words of text may be submitted if no tables or illustrations are required. Only the minimum number of references should be cited.

Manuscripts should be mailed to the Editor, Dr. George E. Thoma, St. Louis University Medical Center, 1504 South Grand Blvd., St. Louis, Missouri 63104. They must be received before the first day of the month preceding the publication month of the next issue, e.g., preliminary notes to be considered for the January issue must be in the hands of the Editor before December 1.
Guides to the safe, effective use of modern radiation techniques in diagnosis and therapy.

Wagner New

PRINCIPLES OF NUCLEAR MEDICINE

Here is a practical appraisal of the fast-growing field of nuclear medicine—one that sets forth both present and potential values in augmenting current methods of medical diagnosis. With clarity and precision, Dr. Wagner and his expert contributors explain the physical, chemical and mathematical principles of nuclear medicine. The authors give you a comprehensive account of today's clinical applications ranging from a 60-page delineation of radiodiagnostic techniques in the thyroid gland to a 42-page discussion of radiation dosimetry. Uses for all types of radiation detecting and measuring equipment as well as for all types of radiopharmaceuticals are described. In addition the authors have skillfully correlated the new techniques of nuclear medicine with the more classical methods of diagnosis. Separate chapters are devoted to the application of radioactive tracer methods in diseases of blood, lungs, circulation, digestive system, brain, kidney, etc. Additional chapters advise you on the effects of radiation and radiation safety. A brief sampling of the topics discussed includes: radiocassay of hormone plasma—radioisotope renography—brain scans—whole body counting—in vitro tests, etc.


Rubin & Casarett New

CLINICAL RADIATION PATHOLOGY

The authors of this important new work present an authoritative and critical study of the adverse effects of therapeutic radiation in the human body. Chapter by chapter, they systematically delineate the pathogenesis of radiation effects in all major tissues, organs, and organ systems.

The concept of relative radiosensitivity of cells according to their behavior with respect to the combination of: proliferation, differentiation and individual life span are first discussed. With this as a base, the authors explain relative radiation sensitivity throughout the body. For all common types of radiation injury in each body area, you'll find specific and practical information on incidence, prevention and histologic change. For most body systems, a special diagram summarizes the clinicopathologic course of various levels of radiation injury: acute, subacute, chronic and late periods.

This valuable work offers assistance in prescribing safe, effective modes of X-ray diagnosis and therapy and in recognizing and evaluating radiation damage.


Murphy

RADIATION THERAPY New (2nd) Edition

The New (2nd) Edition of this outstanding work brings you a wealth of up-to-date, comprehensive help on the indications, techniques, results, and complications of radiation treatment of cancer in each area of the body. Major revisions in this edition include current modifications of radiotherapeutic techniques with more emphasis on the use of high energy radiation sources, wedge filter techniques and moving beam and strip techniques. The new "T.N.M." method of clinical classification of malignant lesions and their extension has been used throughout the book.

By WALTER T. MURPHY, M.D. of the Buffalo General Hospital. 1020 pages. 1357 illus. $45.00. New (2nd) Edition Published June, 1967

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And read the amount of radioactivity, in microcuries or millicuries, on the lighted digital display. Sensitivity ranges from 0.05 microcurie (background) to 99.9 millicuries (999 millicuries for Tc-99m). Use any standard vial or syringe. Routine calibration with gamma-ray energies as low as 75 Kev. Backed by nation-wide, world-wide Nuclear-Chicago service.

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To spark this program, we must have top calibre, technically trained sales representatives. Experience in the field of nuclear medicine is desirable. However, our emphasis is on sales capability and scientific background. Abbott will provide you with a comprehensive training program.

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IMPORTANT NOTICE TO ALL TECHNICAL AFFILIATES

Call for Papers: Nuclear Medical Technologists Program

The Society of Nuclear Medicine has set aside Thursday afternoon, June 27, 1968, from 1:30 to 5:00 pm for a nuclear medical technologists program at the 15th Annual Meeting in St. Louis, June 27-30, 1968.

The Scientific Program Committee welcomes the submission of abstracts for 12-minute papers from technologists for this session. Abstracts should have a maximum of 300 words and include the purpose of the study, the methods used and pertinent results or conclusions. Give the title of the paper and name(s) of author(s) and institution(s) as you wish them to appear in the program. Underline the name of the author who will present the paper. The original and six copies should be sent to:

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This new diagnostic kit + 30 minutes of your time = 12 easily done, clinically reliable, surprisingly inexpensive, totally completed T-3 tests.

This coupon + 2 minutes of your time = the whole story.

This new T-3 test, dubbed the CHARCOAT T-3 test, is really the simplest around since it eliminates the long shakings, rinsings and multiple pipettings typical of T-3 tests. And since such activities often introduce inaccuracies, eliminating them improves reliability.

This is also the fastest T-3 going: you can do a dozen tests in less than 30 minutes. The CHARCOAT test actually cuts your T-3 time by ½.

The CHARCOAT T-3 test uses only ½ ml. of patient serum.

This test is clinically reliable—as you'll see when you send us that coupon above.

The CHARCOAT T-3 test can use any conventional well-scintillation counter and scaler capable of counting I-125. Or —

We have an automatic CHARCOAT Computer which further simplifies the whole procedure by eliminating annoying calculations. (But don't buy the CHARCOAT Computer if you don't want to. We'll rent it.)

Some T-3 tests are based on short half-life I-131 (8-day). The CHARCOAT test uses I-125 which has a 60-day half-life. This too can be an important saving.

No AEC licensing with this test.

Now send the above coupon for all the details. If it's gone, just write "T-3" on a postcard with your name, address, and zip code.
Abbott announces
Pertscan-99m
SODIUM PERTECHNETATE Tc 99m

For brain scanning, Pertscan-99m provides more information with less radiation to the patient than any other related cerebral test—whether other radioisotopes or x-rays.

SPEED: Gives each projection fast—15 minutes or less with rectilinear scanners, 2 to 4 minutes with a camera.

CONVENIENCE: Supplied in a ready-to-use single dose vial.

SAFETY: Carrier-free, non-pyrogenic, sterile, and isotonic.

FLEXIBILITY: Oral or intravenous administration in two sizes: 10 millicuries in 4 ml. and 15 millicuries in 6 ml.

SHIPMENTS: Monday through Friday—and Sunday... allows scheduling of brain scans 6 days a week—Monday through Saturday.

INDICATIONS: Adjunctive diagnostic aid in detecting and localizing intracranial neoplastic (primary or metastatic) and non-neoplastic lesions.

CONTRAINDICATION: Radio-pharmaceutical agents should not be administered to pregnant women or to persons less than 18 years old unless the indications are very exceptional.

PRECAUTIONS: Care should be taken to ensure minimum radiation exposure to the patient as well as all personnel; to prevent extracranial contamination because this can lead to erroneous interpretation; and to differentiate areas of abnormal activity from areas of normal vascular activity.
Some significant advances in thyroid-testing technique

The Tresitope Diagnostic Kit offers significant refinements in the performance of the resin uptake test for thyroid function. First, it employs I\(^{131}\) which permits a much longer shelf life of test materials than I\(^{131}\) and also lowers radiation exposure to the technician. Second, the kit is completely self-contained—no other equipment is required. And, as an in vitro test, it avoids exposing patients to any ionizing radiation, and the results are unaffected by the prior administration of most iodine-containing preparations. Furthermore, the technique is simple enough so that the test can be run in any hospital or office laboratory with suitable isotope facilities, and the amount of radioactivity is sufficiently small so that no AEC licensing is necessary, provided that not more than 100 vials of Liothyronine I\(^{125}\) Buffer Solution are on hand at any one time.

The technical difficulties encountered in preparing different batches of resin sponges are avoided.

Moreover, because it is an in vitro test, it is diagnostically significant in the presence of unrelated nonthyroidal factors that are known to complicate interpretation of other test findings. More specifically, the test is unaffected by anxiety, hypertension, congestive heart failure, or administration of mercurial agents. And it is unaffected by prior administration of most iodine-containing preparations that can completely nullify the results of other thyroid function tests for considerable periods.

I\(^{131}\) versus I\(^{131}\)

The use of I\(^{125}\) rather than I\(^{131}\) to label the liothyronine employed in the test is also advantageous. Employing I\(^{125}\) considerably lengthens the shelf life of the liothyronine because I\(^{125}\) has a longer half-life and also because it emits no beta rays to affect the stability of liothyronine. The half-life of I\(^{125}\) is considered to be 60 days while I\(^{131}\) has a half-life span of approximately 8 days. Other advantages of I\(^{125}\)-labeled material include lowered radiation exposure to the technician, yet radioactivity is well within good counting range of modern standard equipment and in vitro counting is quite efficient.

In the continuing research for superior thyroid function tests, the in vitro Tresitope procedure represents important refinements in safety and simplicity—with longer shelf life of test material.

In the Tresitope Diagnostic Kit, Squibb Resin Uptake Kit with Liothyronine I\(^{125}\) Buffer Solution provides convenient, safe, and practical diagnostics.

The Tresitope Diagnostic Kit was specifically designed so that the test procedure is simplified and the possibility of radioactive contamination of the laboratory is minimized. The kit contains 10 capped vials, each containing Liothyronine I\(^{125}\) Buffer Solution (activity does not exceed 0.1 microcurie per vial), 10 plastic tubes of resin powder, and 10 separate droppers to avoid cross-contamination. The polystyrene carrier is also a test-tube rack, and it has been modified to facilitate washing of the resin powder. The reverse side of the package insert becomes the record sheet for test results.

NOTE: While the resin uptake test is a very useful aid in the evaluation of thyroid function, it should not be used as the sole basis for such an evaluation. In any patient, the clinical state is probably the best indication of thyroid status, and any laboratory test must be interpreted with caution when test results do not agree with clinical evidence.

Precautions

Use appropriate radiation precautions in handling, identifying and discarding all radioactive material. Remember that minute amounts of radioactivity remain on components used in the test, including the polystyrene platform when it is used in performing the test, and particularly when the Tresitope Suction Method is used for a number of tests.

Tresitope Diagnostic Kit
Squibb Resin Uptake Kit with Liothyronine I\(^{125}\) Buffer Solution

'The Priceless Ingredient' of every product is the honor and integrity of its maker.
Oral or intravenous administration in two sizes: 10 millicuries in 4 ml. and 15 millicuries in 6 ml.

**For brain scanning**, Pertscan-99m provides more information with less radiation to the patient than any other related cerebral test—whether other radioisotopes or x-rays.

**SPEED**: Gives each projection fast—15 minutes or less with rectilinear scanners, 2 to 4 minutes with a camera.

**CONVENIENCE**: Supplied in a ready-to-use single dose vial.

**SAFETY**: Carrier-free, non-pyrogenic, sterile, and isotonic.

**FLEXIBILITY**: Monday through Friday—and Sunday... allows scheduling of brain scans 6 days a week—Monday through Saturday.

**INDICATIONS**: Adjunctive diagnostic aid in detecting and localizing intracranial neoplastic (primary or metastatic) and non-neoplastic lesions.

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**PRECAUTIONS**: Care should be taken to ensure minimum radiation exposure to the patient as well as all personnel; to prevent extracranial contamination because this can lead to erroneous interpretation; and to differentiate areas of abnormal activity from areas of normal vascular activity.
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Macroscan™-131
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If it’s a pulmonary problem, Macroscan-131 pictures it!

**Pulmonary embolism, suspected:** To confirm (or rule out) its occurrence.
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**Lung tumors:** To evaluate the regional ischemia resulting from compression or obstruction of pulmonary arteries.

**Surgery and/or other therapy for lung disorders:** To evaluate the effectiveness of therapeutic measures.

Macroscan-131 is sterile and non-pyrogenic. It is ready to use and should not be heated prior to use.

**INDICATIONS:** For scintillation scanning of the lungs to evaluate total, unilateral, and regional arterial perfusion to the lungs.

**CONTRAINDICATION:** Radio-pharmaceutical agents should not be administered to pregnant women, nursing mothers, or to persons less than 18 years old unless the indications are very exceptional.

**PRECAUTIONS, SIDE EFFECTS:** Care should be taken to administer the minimum dose consistent with safety and validity of data. The possibility of an immunological response to albumin should be kept in mind when serial scans are performed. There is a theoretical hazard in acute cor pulmonale, because of the temporary small additional mechanical impediment to pulmonary blood flow. A possible case of urticara has been related to a similar preparation. The thyroid gland should be protected by prophylactic administration of concentrated iodide solution.
How the concerned radiologist and his staff can achieve positive, personal radiation monitoring.

Many states are now instituting or revising their regulations governing radiation monitoring. So now, more than ever, there’s reason for reliable, accurate, personal monitoring even for marginal cases, such as your secretary, as well as for those in everyday proximity to X-ray diagnosis and radium or cobalt therapy equipment.

Many radiology departments already realize the irreplaceable value of film-badge radiation monitoring, such as our Nuclibadge® service. The principal advantages of this service are: fast, accurate, low-dose reporting; economy in a subscription service adaptable to your needs; and permanent filing of exposure records and exposed film by Nuclear-Chicago.

Please use the coupon to obtain a free, no-obligation copy of our 24-page booklet, “Answers to Your Questions About Radiation Monitoring.” It’ll tell you more about this important subject.

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How do you prefer your 99mTc?
STERILE, PYROGEN-FREE
SODIUM PERTECHNETATE Tc 99m
AS YOU NEED IT,
ALL WEEK LONG

99Mo/99mTc Sterile Generator

FAST...EASY...ECONOMICAL
- simple vacuum elution system for maximum dependability
- entire system sterile...one-time entry to easily accessible septa
- high-yield...high chemical purity
- multiple daily elutions possible

SUPPLIED: 100, 200
or 300 mCi at noon,
New York time, on Mondays
following shipment;
in nonreturnable lead
container, with complete
eluting accessories.
INDICATIONS: Brain scanning. CONTRAINDICATIONS: Should not be administered to pregnant or lactating women, or to patients under the age of 18 years, except when necessary diagnostic information cannot be obtained by other types of studies or can only be obtained at a risk greater than the radiation exposure caused by this drug. WARNINGS: As with all radiopharmaceuticals, dose should be limited to smallest reasonable amount consistent with greatest value in terms of relevant diagnostic information. PRECAUTIONS: Approved radiation safety precautions should be maintained at all times. ADVERSE REACTIONS: None reported to date; however, patients should be carefully observed. DOSAGE AND ADMINISTRATION: 2 to 10 mCi, administered by intravenous injection.

Physicians should consult product package insert before administering.

PRECALIBRATED READY-TO-USE
NEIPERTEC™ 99m
sodium pertechnetate Tc 99m
SUPPLIED: In lead shielded vials in convenient COMPUTERCAP™ packaging; 10 or 15 mCi at the time of calibration.

NEISLER LABORATORIES, INC.
Subsidiary of UNION CARBIDE CORPORATION
Radiopharmaceutical Dept.
P.O. Box 433, Tuxedo, New York 10987
Baird-Atomic Scintillation camera challenges the future
Does the Model 5500 camera system challenge you

The Digital Autofluoroscope® is 5.5 years old. Clearly, it is ahead of its time. However, 14 systems are in routine clinical use today. Each of these units was individually built by our Engineering Department. It has been engineered, engineered, engineered until now this final design has evolved and is being produced routinely in quantity by our Manufacturing Department. It is ready for you. Call for an appointment. 33 University Road, Cambridge, Massachusetts 02138, Telephone: 617 864-7420

Can you see things better if they're bigger? Such as pictures of radioisotope distribution? Perhaps.

Or perhaps you'll simply find it more convenient to have a "super scintiphoto"—big as life, in a 1-to-1 correspondence between the gamma-emitting organ you want to visualize and its recorded image. More convenient, say, in comparing the scintiphoto to a radiograph.

That's why we've designed the Photo/Scope III. It snaps on one of the twin scopes on the Pho/Gamma III console. Has its own X-ray film cassette. Uses standard 11" x 14" film. Makes it easy to get sharp, life-size images of the organ or area you're investigating.

Photo/Scope III is only one of the many new data display, manipulation, and analysis options now available for the Pho/Gamma III. (Examples: Multidimensional analyzer, fast digital printer, 35-mm automatic time-lapse camera, chart recorder, computer-compatible magnetic tape system for rapid dynamic studies.)

Which means you should call your local Nuclear-Chicago sales engineer soon. Or write to us and we'll send you the facts.

(We're assuming you already know about Pho/Gamma III and its proved clinical advantages. If not, introductions are in order. Just ask us for the full Pho/Gamma III story.)